

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit

: 1651

Customer No.: 35811

Confirmation No.: 8237

Examiner

: David Harold Humphrey

Serial No.

: 10/679,580 : October 6, 2003

Filed Inventors

: October 6, 2003: Usha Kasid: Deepak Kumar

: Imran Ahmad

Title

: GENE SCC-112 AND

: DIAGNOSTIC AND

: THERAPEUTIC USES THEREOF

Docket No.: GTU-06-1134WO-US

Date: December 1, 2006

Mail Stop Amendment

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard \$60 Check Claim of Extension of Time, in duplicate Amendment Transmittal Letter, in duplicate

Response

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney or Registered Representative:

DLA Piper US LLP

By:	Customer No. 35811					
Date:	December 1, 2006					

DEC 0 4 2006 By Application of Usha Kasid et al.

Attorney Docket No.: GTU-06-1134WO-US

Serial No.:

10/679,580

Filed:

October 6, 2003

For:

GENE SCC-112 AND DIAGNOSTIC AND THERAPEUTIC USES THEREOF

Mail Stop Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- x Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.
- A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.
- x No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'L FEE	OR	RATE	ADD'L FEE
TOTAL	* 9	-	** 41=	0	x 25 =	\$ 0		x50 =	\$
INDEP.	* 2	-	** 24=	0	X 100 =	\$ 0		x 200 =	\$
Application Size Fee				\$ 0		x250=	\$		
First Presentation of Multiple Dependent Claim				+180=	\$ 0		+360=	\$	

TOTAL ADDITIONAL FEE

\$0.00

OR

3

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

_		charge my Deposit Account No. 50-2719 in the amount of \$ licate copy of this sheet is enclosed.			
_	A che	ck in the amount of \$ is attached.			
<u>X</u>	The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.				
	<u>X</u>	Any filing fees under 37 CFR §1.16 for the presentation of extra claims.			
	<u>X</u>	Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.			
		Respectfully submitted, Paul Carango			

Reg. No. 42,386

Attorney for Applicants

PC/sh

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